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**Licata & Tyrrell P.C.**

66 E. Main Street  
Marlton, New Jersey

Tel: (856) 810-1515

Fax: (856) 810-1454

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**TO: T. Gibbs**

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**FAX NUMBER: 703-872-9306**

**ATTORNEY DOCKET NO.: ISPH-0537**

**SERIAL NO.: 09/800,629**

**FILED: March 7, 2001**

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**MESSAGE: Please forward return receipt as confirmation of this filing.**

**JANE MASSEY LICATA, Registration No. 32,257**

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<b>AMENDMENT TRANSMITTAL LETTER (Small Entity)</b>			Docket No. <b>ISPH-0537</b>		
Applicant(s): <b>Dean et al.</b>					
Serial No. <b>09/800,629</b>	Filing Date <b>March 7, 2001</b>	Examiner <b>T. Gibbs</b>	Group Art Unit <b>1635</b>		
Invention: <b>Antisense Modulation of Interleukin-5 Signal Transduction</b>					
<b>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</b>					
Transmitted herewith is an amendment in the above-identified application. <input checked="" type="checkbox"/> Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted. <input type="checkbox"/> A verified statement to establish Small Entity status under 37 FR 1.27 is enclosed. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	56	73 =	0 x	\$9.00	\$0.00
INDEP. CLAIMS	6	5 =	1 x	\$42.00	\$42.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$42.00</b>
<input type="checkbox"/> No additional fee is required for amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. <b>50-1619</b> in the amount of <b>\$42.00</b> . A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>50-1619</b> . A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
<i>Jane Massey Licata</i> Signature			Dated: <b>November 14, 2002</b>		
<b>Jane Massey Licata, Registration No. 32,257</b> <b>LICATA &amp; TYRRELL P.C.</b> 66 East Main Street Marlton, New Jersey 08053 Tel: 856-810-1515 Fax: 856-810-1454			<div style="font-size: small;">I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.</div> <div style="border-top: 1px solid black; margin-top: 10px; text-align: center;">Signature of Person Mailing Correspondence</div> <div style="border-top: 1px solid black; margin-top: 10px; text-align: center;">Typed or Printed Name of Person Mailing Correspondence</div>		
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**CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)**

Applicant(s): Dean et al.

Docket No.

ISPH-0537

Serial No.

09/800,629

Filing Date

March 7, 2001

Examiner

T. Gibbs

Group Art Unit

1635

Invention: Antisense Modulation of Interleukin-5 Signal Transduction

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